

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28340

FILED AUG 24 1956

State File No. 6582
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6582		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 13 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3731 Louisiana				e. STREET ADDRESS (If rural, give location) 116 3731 Louisiana									
3. NAME OF DECEASED a. (First) Henry			b. (Middle) A			c. (Last) Erk, Sr.			4. DATE OF DEATH (Month) (Day) (Year) July 12 1956				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 11, 1889		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired				10b. KIND OF BUSINESS OR INDUSTRY painter		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Adam Erk				13b. MOTHER'S MAIDEN NAME Mary Schulteis				14. NAME OF HUSBAND OR WIFE Goldie					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 494-09-6325		17. INFORMANT'S SIGNATURE OR NAME Goldie Erk ADDRESS 3731 Louisiana							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic convulsions Multiple neuritis of both legs and increasing yearly ANTECEDENT CAUSES Multiple neuritis of both legs - and increasing yearly. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Neuritis? DUE TO (c) yearly.								INTERVAL BETWEEN ONSET AND DEATH 7 days			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 592x											
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from May 1954 to 7-12-1956 , that I last saw the deceased alive on 7-12-1956 , and that death occurred at 3:20 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE L.F. Murray				(Degree or title) M.D.				23b. ADDRESS 605a Russell				23c. DATE SIGNED 7-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE July 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. 11/14 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1166-0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ronald E. Berg

Licensed Embalmer No. *4963*

P. O. Address *7027 Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.